

NIH POLICY MANUAL

1430 NIH OCCUPANT EVACUATION PLAN

Issuing Office & Phone: ORS/DPS 496-1985

Release Date: 2/14/02

1. **Explanation of Material Transmitted:** This Chapter establishes the NIH Occupant Evacuation Plan which defines the scope and method for immediate, positive and orderly action to safeguard life and property during emergencies in all buildings occupied by NIH employees.

2. **Filing Instructions:**

Remove: NIH Manual Chapter 1342 – dated 9/1/94

Insert: NIH Manual Chapter 1430 – dated 2/14/02

PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing office listed above.
- NIH Manual System, contact the Office of Management Assessment, OA, on 496-2832.
- Online information, enter this URL: <http://www1.od.nih.gov/oma/manualchapters/>

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

A. PURPOSE1

B. POLICY1

C. REFERENCES1

D. DEFINITIONS1

E. RESPONSIBILITIES3

F. INITIATING ACTIONS8

G. EMERGENCY CALL LIST9

H. NON-EMERGENCY CALL LIST9

I. EMERGENCY PROCEDURES - FOR ALL OCCUPANTS9

J. EVACUATION INFORMATION12

K. EVACUATION DRILLS13

L. EVACUATION PROCEDURES FOR INDIVIDUALS WITH DISABILITIES15

M. TRAINING17

N. RECORDS RETENTION AND DISPOSAL17

O. MANAGEMENT CONTROLS18

APPENDIX 1. Sample NIH Occupant Emergency Organization Staff List

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

A. PURPOSE

The purpose of this Manual Chapter is to establish the NIH Occupant Evacuation Plan which defines the scope and method for immediate, positive and orderly action to safeguard life and property during emergencies in all buildings occupied by NIH employees.

B. POLICY

This policy describes the methodology used to develop, implement and maintain a program designed to ensure that employees, patient and visitors located in all NIH owned or leased facilities are safely evacuated during an emergency.

C. REFERENCES

1. 29 CFR 1910.38 - "Employee Emergency Plan and Fire Prevention Plans"
2. FPMR 101-20.103-4 - "Occupant Emergency Program"
3. FPMR 101-20.103-5 - "Initiating Action Under Occupant Emergency Programs"
4. DHHS General Administration Manual Chapter 7-02 - "Building Evacuation Plans for the Disabled"
5. DHHS Safety Management Manual
6. NIH Personnel Delegations of Authority, February 1996, "Leave Excused Absence and Restored Annual Leave," and NIH Manual 1130, General Administration No. 30 "Closing of NIH Buildings in Emergency Situations."

D. DEFINITIONS

1. **Area Team Coordinator (ATC).** The person appointed by the Occupant Emergency Coordinator (OEC) to be in charge of the emergency evacuation team in an area of a particular floor or designated area of a building.
2. **Designated Official.** The Executive Officer of the Primary Occupant Institute or Center (IC) or the alternate highest ranking official or designee selected by mutual agreement by other occupant IC officials.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

3. **Emergency.** An unexpected situation which requires prompt action to protect life and property. Examples of an emergency may include: fires, explosions, chemical, biological, environmental, and radiological incidents, bomb threats, civil disturbances, medical emergencies, natural disasters, structural failures, and accidental or human-caused disasters.
4. **NIH Emergency Planning Coordinator.** The individual responsible for maintaining a liaison with Designated Officials and OECs, and assisting them in their efforts to comply with this Manual Chapter.
5. **Evacuation Team Members.** Persons selected to assist in the orderly evacuation of the building including Aides to Individuals with Disabilities, Stairway Monitors, Elevator Monitors, Restroom Monitors or any other person assigned by the Team Coordinator.
6. **Floor Team Coordinator (FTC).** The person appointed by the OEC to be in charge of the emergency evacuation team on a floor of a building.
7. **Incident Command Post.** The location, in the vicinity of the incident, from which the Incident Commander directs operations.
8. **Incident Commander.** An individual charged with directing emergency operations to mitigate a situation which presents the possibility of harm, injury and/or destruction. Individuals designated to assume the role of the incident commander are:
 - a. The senior fire officer at the scene is the incident commander for fires or technological emergencies (e.g., chemical, radiological, biological and environmental incidents, etc.).
 - b. The senior law enforcement official at the scene is the incident commander for security and/or law enforcement emergencies (e.g., bomb threats, civil disturbances, etc.).
9. **Occupant Emergency Coordinator (OEC).** The person appointed by the Designated Official to be in charge of the Occupant Emergency Organization of a particular building.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

10. **Occupant Emergency Organization.** Employees in a building designated by their IC to fulfill the requirements established by the Occupant Evacuation Plan.
11. **Occupant Evacuation Plan.** A plan to facilitate orderly evacuation of a building or area during emergency situations in facilities occupied by NIH employees.
12. **Occupant IC.** An IC, other than the primary occupant IC, which occupies space in a building.
13. **Occupants.** Individuals, including visitors, employees, patients and others who work in, or frequent, NIH owned or leased buildings.
14. **Primary Occupant IC.** The NIH IC having the largest number of employees assigned to a building or facility.

E. RESPONSIBILITIES

The Emergency Management Branch (EMB), Division of Public Safety (DPS), Office of Research Services (ORS) has overall responsibility to ensure compliance with this Manual Chapter.

1. **NIH Emergency Planning Coordinator.** The NIH Emergency Planning Coordinator is responsible for maintaining liaison with Designated Officials and OECs, and for assisting them in their efforts to comply with this Manual Chapter.
2. **Designated Official.** The Designated Official is responsible for establishing and maintaining the Occupant Emergency Organization, ensuring that designees of the organization perform the functions of the plan, appointing an OEC, and assisting in selecting all necessary staff to maintain an efficient organization.
3. **Occupant Emergency Coordinator (OEC).** The OEC is responsible for coordinating the necessary planning to ensure readiness capability including: selecting, training and organizing adequate staff for conducting emergency evacuations, and for supervising the activities of the Occupant Emergency Organization. The OEC appoints a Deputy and Assistants, as necessary, and

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

maintains a staff list as shown in Appendix 1. The OEC reviews and updates the Occupant Evacuation Plan and listing of staff, including individuals with disabilities, annually.

When off campus buildings are evacuated, it is the responsibility of the OEC for the building to notify the Emergency Planning Coordinator, EMB/DPS, of evacuations. The EMB/DPS is responsible for the preparation and forwarding of GSA Form 53,

[http://contacts.gsa.gov/webforms.nsf/0/7643525FOFFE82A285256A2600654301/\\$file/g53.pdf](http://contacts.gsa.gov/webforms.nsf/0/7643525FOFFE82A285256A2600654301/$file/g53.pdf), GSA Fire Incident Report, as appropriate.

Duties include:

- a. Ensuring that all employees or visitors having a permanent or temporary disability, which may require assistance in evacuating from the building, are assigned one or more Aides to assist them with evacuation in accordance with this program.
- b. Conducting, no less than, annual meetings to maintain a functional organization and to arrange for the training of all members of the Occupant Emergency Organization. This training is intended to inform members of the latest developments and policies affecting evacuation activities.
- c. Designating a central location outside of the facility where the FTCs and ATCs will meet to relay evacuation information to the OEC.
- d. Exercising overall direction and responsibility for the orderly evacuation of personnel from the building; advising emergency responders of the location of any individuals who need assistance; reporting to the Designated Official; and keeping the Designated Official apprised of events during an emergency. **Note: Rescue, firefighting, and other activities are under the direction and control of the respective service departments (fire or police).**
- e. Informing building occupants during and/or after evacuation of the nature of the emergency and notifying the Emergency Planning Coordinator, and other appropriate officials, of problems arising during

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

evacuations. Subsequent to drills, the OEC provides the occupants with an evaluation of the evacuation.

4. **Deputy/Assistant OEC.** The Deputy/Assistant OEC assists the OEC and assumes direction of the staff and the evacuation in the absence of the OEC.

5. **Floor Team/Area Team Coordinator (FTC/ATC).** FTCs and ATCs control and expedite the planned movement (evacuation) of floor or area occupants, including individuals requiring assistance, and they are responsible for the organization and functioning of the staff on their assigned floors or areas. They ensure that the Occupant Evacuation Plan has been executed on their floor or area, and report the conditions, including the evacuation status, to the OEC and they advise the location of persons needing evacuation and/or assistance by the fire department.

Duties include:

- a. Selecting, training, assigning and supervising alternate FTCs/ATCs, Aides to assist individuals with disabilities, and stairway, restroom and elevator monitors and their alternates.

- b. Ensuring that Floor Team and Area Team Members are cross-trained so they can perform other duties, as necessary.

- c. Keeping the OEC informed of the names, assignments, locations, and physical limitations of individuals with disabilities located on their floor or in their area.

- d. Ensuring that each employee identified under this plan requiring assistance is provided with one (preferably two or three) Aides who will remain with and assist the individual throughout the emergency situation.

- e. Ensuring familiarity with conditions on their assigned floor or in their area, including occupancy of rooms, locations of stairways and fire alarms.

- f. Developing special plans for the evacuation of individuals with disabilities from floors and/or areas, as necessary.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- g. Informing floor and/area occupants, after the evacuation has been completed, of the nature of the emergency and problems arising during the evacuation.
 - h. If, during an emergency, the OEC or the Deputy/Assistant OEC is not at the prearranged assembly location outside of the building, the first arriving FTC or ATC will assume the responsibilities of the OEC.
6. **Assistant Floor Team/Area Team Coordinator.** Assists the FTC/ATC and assumes responsibility for the organization and functioning of the staff on their assigned floor in the absence of the FTC/ATC.
7. **Stairway Monitor.** Stairway Monitors assist occupants in gaining access to the stairway and ensuring movement of occupants in the stairway.

Upon hearing the fire alarm the monitor will:

- a. Proceed immediately to the assigned stairway and ensure that the stairway is free of smoke. If the stairway is unsafe, the monitor will direct evacuees to an alternate exit.
- b. Hold the door open only when people are evacuating in order to minimize any migration of smoke throughout the escape route. Monitor the stairway until the floor is vacated.
- c. Coordinate movement between stairway areas and advise the occupants to walk to the exit floor.
- d. Control movement into stairway areas and advise the occupants to walk to the exit floor.
- e. After all occupants have left the floor, the Stairway Monitor ensures that the exit door is closed to provide a smoke and fire barrier.
- f. If individuals with disabilities are using the stairway as a safe haven, the monitor will advise the FTC or ATC.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

g. In the absence of an assigned Aide, the monitor will assist in evacuating individuals with disabilities from the building in accordance with section 9 (below).

8. **Elevator Monitor.** Elevator Monitors ensure that the elevators are not used for evacuation unless otherwise directed by the responding fire department.

Upon hearing the fire alarm, the monitor will:

- a. Proceed immediately to the assigned elevator(s), refuse access to all individuals, and direct evacuees to the nearest exit.
- b. If any individuals needing assistance and their Aide(s) are waiting in the elevator lobby to be evacuated, the monitor will advise the FTC or ATC.
- c. In the absence of an assigned Aide, the monitor will assist in evacuating individuals with disabilities from the building in accordance with Section 9 (below).
- d. Some buildings are equipped with elevators which continuously operate if smoke is not present in the elevator lobbies or mechanical room. In buildings equipped with these types of elevator systems, the OEC, in consultation with the Emergency Planning Coordinator, will determine if the elevators will be utilized to evacuate individuals with disabilities. If it is determined the system is suitable for evacuation during an emergency, plans and procedures will be developed and placed in effect prior to use during an emergency evacuation.

9. **Aides to Individuals with Disabilities.** Aides are responsible for assisting individuals with disabilities in evacuating a facility or area during emergency situations. Refer to Section L for evacuation procedures for individuals with disabilities.

10. **Restroom Monitors.** Restroom Monitors are responsible for ensuring that restrooms are evacuated during emergencies.

Upon hearing the fire alarm, the monitors will:

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- a. Proceed to assigned restrooms and announce that it is necessary to evacuate the building.
 - b. Ensure that occupants leave immediately.
 - c. Close the door and report to the FTC or ATC.
11. **Supervisors.** Supervisors at all levels throughout NIH are responsible for:
- a. Complying with and enforcing all applicable occupational safety and health standards, rules, regulations, and orders issued by competent authority (pertaining to the activities under their jurisdiction) including this Occupant Evacuation Plan. (Authority: DHHS Safety Management Manual.)
 - b. Ensuring that their respective areas are evacuated during drills and emergencies. (See Section L-6 for supervisor's responsibilities regarding individuals with disabilities.)
12. **Employees.** Employees at all levels throughout the NIH are responsible for:
- a. Complying with all applicable occupational safety and health standards, rules, regulations, and orders issued by competent authority, including this Occupant Evacuation Plan.
 - b. Evacuating the facility promptly and in an orderly manner upon activation of the fire alarm, after being notified verbally of the need to evacuate, or by any other available means.
 - c. Cooperating fully with persons in the Occupant Emergency Organization.

F. INITIATING ACTIONS

The decision to activate the Occupant Emergency Plan will be based upon the best available information, previous experience, and upon the advice of fire department or Federal and local law enforcement agencies. The primary consideration will, at all times, be the safety of buildings occupants.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

When there is an immediate, or suspected danger, the occupants will be evacuated in accordance with the plan, without consultation. The sounding of the fire alarm or any other available means will be used for evacuation. When a manual fire alarm pull station is used to initiate an evacuation, the individual activating the fire alarm should also call the fire department to provide additional information as to the specific location and nature of the emergency.

G. EMERGENCY CALL LIST

	ON- CAMPUS	OFF- CAMPUS
FIRE/AMBULANCE	911	9-911
POLICE	911	9-911
CHEMICAL/BIOLOGICAL/RADIOLOGICAL	911	9-911
BUILDING 10 (CRITICAL MEDICAL SITUATION)	111	-----
ENGINEERING	108	-----
TTY/TDD SYSTEM	911	9-911

H. NON-EMERGENCY CALL LIST

NIH Fire Department	301-496-2372
NIH Police	301-496-5685
Occupational Medical Service	301-496-4411

NOTE: For work related injuries occurring off the NIH reservation, after the ambulance is summoned, contact the Occupational Medical Service, 301-496-4411.

I. EMERGENCY PROCEDURES - FOR ALL OCCUPANTS

All occupants should follow these procedures:

1. Fire
 - a. Confine the fire by closing all doors.
 - b. Pull/activate the nearest fire alarm box and notify others in the area of the emergency.
 - c. Call the Fire Department by dialing 911 (on campus) or 9-911 at leased (off campus) facilities.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- d. If you are not aware of the fire, but hear the alarm, turn off gas and confine hazardous materials in cabinets; close all doors as you leave; walk, do not run, to the nearest stairway/exit and evacuate the building.
 - e. Do not use the elevators unless it has been predetermined that elevator use is safe.
2. Release of Chemical or Biological Materials
- a. Leave the room and close doors. Do not open the windows.
 - b. Remove contaminated clothing and wash any parts of the body which may have come in contact with the material.
 - c. Call the Fire Department by dialing 911 (on campus) or 9-911 at leased (off campus) facilities.
 - d. Do not permit anyone to enter the room/area until the appropriate authorities determine that the area is safe.
 - e. After safely evacuating, any person(s) who may have become contaminated should be restricted to a single staging area and not be permitted to move freely to other locations. Moving to other locations may create a contamination concern to other occupants and/or other areas of the building.
3. Radiation Incident
- a. Confine the contamination, using absorbent material to keep it from spreading.
 - b. Remove contaminated clothing and shoes before entering a clean area.
 - c. Wash any parts of the body which may have come in contact with the radioactive material.
 - d. Call the Fire Department by dialing 911 (on campus) or 9-911 at leased (off campus) facilities.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- e. If a Clinical Center patient is involved, call the physician in charge and the Nursing Service Chief or Nursing Supervisor.
 - f. After safely evacuating, any person(s) who may have become contaminated should be restricted to a single staging area and not be permitted to move freely to other locations. Moving to other locations may create a contamination concern to other occupants and/or other areas of the building.
4. Bomb Threat/Explosive Incident
- a. Engage caller in conversation.
 - b. Be calm, and if possible, take notes of the conversation.
 - c. Try to determine:
 - The exact location of the bomb
 - The source of the threat
 - Time of the threatened explosion
 - Background noises on the phone
 - Qualities of the caller's voice
 - Gender and approximate age of the caller
 - d. If possible, have someone listen in on the call.
 - e. Check "CALLER ID", or immediately after the caller hangs up dial *69 to determine where call originated.
 - f. Call the NIH Police by dialing 911.
 - g. Notify supervisor.
5. Explosive Device
- a. Never touch a suspected bomb/explosive.
 - b. Turn off all radios and transceiver equipment near the suspected area.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- c. Call the NIH Police by dialing 911.
- d. If evacuation is necessary, leave in an orderly manner.
- e. Cooperate with emergency personnel during evacuation to resolve the incident.

J. EVACUATION INFORMATION

1. Persons Authorized to Order Evacuation

- a. Designated Official.
- b. Occupant Emergency Coordinator.
- c. Senior fire/police officer.
- d. Chief, EMB, DPS.
- e. Director, DPS or the senior DPS official present and/or aware of the problem.
- f. Emergency Planning Coordinator, EMB, DPS.
- g. Any person aware of an emergency who believes immediate action may be necessary to protect the lives of occupants.

2. Evacuation Signals

Activation of the fire alarm indicates that the building must be evacuated. During evacuation drills, or actual emergency situations, occupants should acquaint themselves with the sound of their building's evacuation signal.

3. Means of Evacuation

- a. Occupants should exit by the stairway or as directed by a member of the evacuation team.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- b. Individuals with disabilities and their Aide(s) should immediately proceed to the designated evacuation area (the nearest elevator lobby). If this area is untenable due to fire, heat, smoke, etc., proceed to an alternate exit, either another elevator lobby or the closest stairway.
 - c. The FTC or ATC will report the location of individuals with disabilities to the OEC who, in turn, will relay the information to the senior fire or police officer, depending on the nature of the emergency.
4. Relocation Site

Upon exiting the building, assemble in a location far enough away as not to interfere with the arrival of fire apparatus and the activities of emergency responders, and in an area that provides adequate safety for evacuees.
 5. Building Re-Entry

Occupants will return to the building only when authorized by the senior fire officer, police officer, or the OEC.

K. EVACUATION DRILLS

1. Panic is one aspect of a disaster with which evacuation team personnel should be prepared to cope. A building population and emergency organization that is well informed about the building evacuation plan, through training, will be less likely to panic than one which is unaware of the correct action to take. Organization personnel and building occupants will participate in drills that will familiarize them with the duties they are expected to perform in an emergency.
2. Evacuation drills will be scheduled twice each calendar year for all buildings occupied by NIH employees.
3. When requested by the OEC, occupants in buildings with critical operations which may not be safely neglected, such as laboratory and computer facilities, will be notified prior to the drill.
4. With the conscientious participation of all employees, evacuation drills typically do not take longer than 15 minutes.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

5. The Emergency Management Branch, Division of Public Safety, Office of Research Services is responsible for:
 - a. Scheduling evacuation drills.
 - b. Notifying the OEC in advance of the drill.
 - c. Providing the OEC with flyers to be posted in the facility noting the date and time of the evacuation drill, as appropriate.
 - d. Coordinating with the Division of Engineering Services, local fire departments, and other appropriate authorities, as required.
 - e. Conducting evacuation drills.
 - f. Documenting drill results and conducting critiques.
 - g. Reporting results of drills to the OEC noting:
 - (1) The amount of time required for occupants to vacate the building.
 - (2) Deficiencies encountered, including problems experienced by individuals with disabilities and their Aides.
 - (3) Observations and recommendations, including references to occupant emergency staff and their activities.

6. All employees are expected to participate in evacuation drills as follows:

When the fire alarm signal sounds, occupants will promptly leave their work areas, close doors, and proceed to the nearest exit. Elevators will not be used, except under the direction of the fire department or as prearranged in buildings equipped with appropriate elevator systems. During an emergency, the nearest exit may be blocked by smoke; therefore employees should be familiar with alternate exits. Alternate exits should also be used if the primary exit is inaccessible. For this reason, employees should always familiarize themselves with the building, particularly alternate escape routes.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

L. EVACUATION PROCEDURES FOR INDIVIDUALS WITH DISABILITIES

1. Evacuation Signals

Activation of the fire alarm indicates that the building must be evacuated. Occupants who are deaf or hard of hearing should be personally informed of the emergency by a Floor Team or Area Team Member, supervisor or any other person.

Provisions must be made to ensure that occupants who are deaf or hard of hearing are informed in the event of an emergency.

In all on-campus buildings, and most off-campus buildings, an emergency vibrating pager system is available to alert hearing-impaired individuals that the fire alarm has activated. For information on obtaining a vibrating pager, contact the Emergency Planning Coordinator, Emergency Management Branch, DPS on 301-496-1985.

2. Aides to Individuals with Disabilities

Aides will be assigned to all individuals with disabilities, including those who are temporarily disabled. Aides will assist these individuals to a safe area away from the building or to a protected area.

3. Means of Evacuation

Individuals with disabilities will be assisted by one or more assigned Aides. Aides will assist the individual(s) to the nearest elevator lobby to await evacuation by the fire department.

If this area is untenable due to the fire, heat, smoke, etc., they will proceed to an alternate exit, another elevator lobby or the closest stairway. If the closest stairwell is also untenable, the Aide will assist the individual requiring assistance into the stairway. Once inside, both will move against the wall and wait for the flow of traffic to stop. If it is safe to evacuate down the stairway, the Aide will assist the person to the outside of the building.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

Elevators must **NEVER** be used for emergency evacuation unless the elevators are under the direction of the fire department, or are equipped with special systems and are pre-approved for evacuation.

If two Aides are present, one will report the location of the individual with a disability to the FTC or ATC for evacuation by emergency personnel, if necessary. If only one Aide is present, he/she will remain with the individual and have another employee inform the FTC or ATC of their location.

The FTC and/or ATC will report the location of all individuals with disabilities to the OEC who, in turn, will relay the information to the responding Fire Department.

Remember that the firefighters and rescue personnel always proceed initially to the area of greatest risk to systematically perform search and rescue operations.

4. Visitors with Disabilities

Because visitors with disabilities will not have Aides assigned to them, as NIH employees do, FTCs and ATCs will ensure that all areas on the floor, including restrooms, are thoroughly checked.

5. Supervisors' Responsibilities

All supervisors are responsible for:

- a. Reporting to the OEC and FTC/ATC the presence of individuals who have a hearing, sight or physical impairment, or who have any other impairment which may restrict an individual from readily evacuating the building.
- b. Ensuring that all individuals with disabilities, who work under their supervision, are assigned one or more Aides by the FTC or ATC and are assisted to safety during emergencies.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

- c. Ensuring that individuals with disabilities who may work other than normal business hours (i.e., evenings, weekends, holidays) are always adequately protected during emergency situations necessitating building evacuation.

M. TRAINING

1. The EMB will provide training to the Occupant Emergency Organization members as requested by the OEC.
2. Training seminars for all OECs will be provided by the EMB, DPS.

N. RECORDS RETENTION AND DISPOSAL

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of NIH Manual 1743, "Keeping and Destroying Records, Appendix 1," "NIH Records Control Schedule," Item 1100-I, Emergency Planning Files.

NIH e-mail messages (messages, including attachments, that are created on NIH computer systems or transmitted over NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. Pursuant to General Records Schedule 20, Item 14 - Electronic Mail Records, e-mail messages which meet this definition should be copied to a record keeping system--either hard copy or electronic--and then deleted from the e-mail system.

All e-mail messages are considered Government property and, if requested for a legitimate Government purpose, must be provided to the requester. Employees' supervisors, NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to, or copies of, the e-mail messages.

E-mail messages must also be provided to Members of Congress or Congressional committees if requested and are subject to Freedom of Information Act requests. Since most e-mail systems have back-up files that are sometimes retained for significant periods of time, e-mail messages and attachments may be retrievable for a back-up file after they have been deleted from an individual's computer. The back-up files are subject to the same requests as the original messages.

NIH MANUAL 1430

DATE: 02/14/02

REPLACES: NIH MANUAL 1342 dated 9/1/94

ISSUING OFFICE: ORS/DPS 301-496-1985

NIH OCCUPANT EVACUATION PLAN

O. MANAGEMENT CONTROLS

The purpose of this Manual Chapter is to establish the NIH Occupant Evacuation Plan which defines the scope and method for immediate, positive and orderly action to safeguard life and property during emergencies in all buildings occupied by NIH employees.

1. Office Responsible for Reviewing Management Controls Relative to This Chapter (Issuing Office):

Through this manual issuance, the Emergency Management Branch (EMB), Division of Public Safety (DPS), Office of Research Services (ORS) is responsible for the method used to ensure that management controls are implemented and working.

2. Frequency of Review:

Ongoing review.

3. Method of Review:

The EMB, DPS will maintain oversight and ensure compliance with this policy through a myriad of resources, e.g., emergency evacuations, semiannual evacuation drills, reports of concern from Evacuation Team Members and employees regarding evacuation safety, the Occupant Emergency Coordinator from each facility, etc. If the EMB, DPS determines that an IC Occupant Emergency Evacuation Team/Program is not following this policy, EMB, DPS will ensure that the appropriate IC Executive Officer, as outlined in the policy, is notified and that the issue is resolved.

4. Review Reports Are Sent to:

The responsible IC Executive Officer, as outlined in the policy, and the OEC for the facility. Issues of special concern will be brought immediately to the attention of the responsible IC Executive Officer, as outlined in the policy.

Appendix 1
 Sample NIH Occupant Emergency Organization Staff List

NIH OCCUPANT EMERGENCY ORGANIZATION FOR BUILDING _____
 Designated Official: _____, Executive Officer _____

Occupant Emergency Coordinator (OEC) _____ Room # _____ Phone # _____
 Deputy Occupant Emergency Coordinator _____ Room # _____ Phone # _____

Floor Number	Floor/Area Team Coordinator	Asst. Floor/Area Team Coordinator	Stairwell Monitor	Elevator Monitor	Restroom Monitor	Aides to the Disabled	Individuals with Disabilities Name & Room Number / **

Emergency Management Branch, Division of Public Safety
 ** Denotes individuals who are deaf or hard of hearing

Date: _____